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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 16881
START CARD # 106418

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 1595
Name Crocker Farms
Address 2718 Hubbard Rd
City Monroe State OR Zip 97456

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 40 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	From To
16"	0' 18'	Bentonite	0' 18'
12"	18' 40'		

How was seal placed: Method A B C D E
 Other Placed @ 1 sack per 5 min rate
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	7'	40'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 12" @ 40'

(7) PERFORATIONS/SCREENS:

Perforations Method Air Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19'	38'	2x1	1600			<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
400+		39'	1 hr.

Temperature of water 56° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Benton Latitude _____ Longitude _____
Township 14S N or (S) Range 05W E or (W) WM.
Section 15 SE 1/4 SW 1/4
Tax Lot 302 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Stew Pit Rd Monroe, OR

(10) STATIC WATER LEVEL:
10' ft. below land surface. Date 4-16-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 19'

From	To	Estimated Flow Rate	SWL
19'	38'	400+ Gpm	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Sandy loam	2	14	
Cemented Gravel	14	21	10
Sand & Gravel	21	28	10
Cemented Gravel	28	33	10
Sand & Gravel	33	37	10
Cemented Gravel	37	39	10
Blue Clay	39	40	10

Date started 4-15-98 Completed 4-16-98

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 751
Signed Donald J. Floring Date 4-16-98